

Complete and print.

Reset Form



Indwelling Catheter Prescription

Mayo Clinic Store

Form content not retained in medical record.

Route to Mayo Clinic Store for electronic storage.

(complete fields or place patient label here)

Patient Name (First Middle Last)

Birth Date (mm-dd-yyyy)

Mayo Clinic or Store Account Number

External Form Users: Complete this document and fax to the Mayo Clinic Store.

Internal Epic Downtime Form Users: Complete this document and fax to the Mayo Clinic Store. Once Epic downtime processes are complete, reenter order into the EHR and send an Epic message to the Mayo Clinic Store's inbasket pool informing them that a duplicated order was created.

Required: Attach patient's current primary, secondary, and tertiary insurance providers and provider-signed clinical documentation verifying medical justification from face-to-face examination.

Order Information

Order Date (mm-dd-yyyy)	Need Length ☐ Lifetime ☐ Other _____	Qualifying Diagnosis (ICD-10)
Patient Address (Street, City, State, ZIP Code)		Patient Phone

Indwelling Catheters and Supplies

	Quantity/Month
☐ Indwelling catheter, latex, each (A4338)	
☐ Indwelling catheter, silicone, each (A4344)	
☐ Indwelling catheter, specialty type, each (A4340)	
☐ Indwelling insertion tray, with latex catheter and drainage bag, each (A4314)	
☐ Indwelling insertion tray, with all silicone catheter and drainage bag, each (A4315)	
☐ Indwelling insertion tray, with drainage bag but without catheter, each (A4354)	
☐ Indwelling insertion tray, without catheter and drainage bag, each (A4310)	
☐ Urinary drainage bag, daytime, leg or abdominal, each (A4358)	
☐ Urinary drainage bag, day or nighttime, bedside, each (A4357)	
☐ Urinary catheter anchoring device, adhesive skin attachment, each (A4333)	
☐ Urinary catheter anchoring device, leg strap, each (A4334)	
☐ External urethral clamp or compression device, each (A4356)	
☐ Irrigation tray, with bulb or piston syringe, each (A4320)	
☐ Sterile saline syringes, pre-filled, 10 mL, each (A4216)	
☐ Syringe, sterile, 20 mL or greater, each (A4213)	
Reference and Comments	

Referring Provider Information and Signature

Facility Name	Phone	Fax
Provider Signature ▶ Signature Required	Date (mm-dd-yyyy)	
Provider Printed Name (First Middle Last)	National Provider Identifier (NPI)	